

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | VIA N    |        | 06-28-01 |
| J.I.P.E. CLASSIFIER       |          | 48     | 7/9/01   |
| FORMALITY REVIEW          | ASm      | 1081   | 9/15/01  |
| RESPONSE FORMALITY REVIEW | ATB      | 454    | 11/20/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | ✓    |
| 5        | ✓    |
| 6        | ✓    |
| 7        | ✓    |
| 8        | ✓    |
| 9        | ✓    |
| 10       | ✓    |
| 11       | ✓    |
| 12       | ✓    |
| 13       | ✓    |
| 14       | ✓    |
| 15       | ✓    |
| 16       | ✓    |
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| 23       | ✓    |
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| 25       | ✓    |
| 26       | ✓    |
| 27       | ✓    |
| 28       | ✓    |
| 29       | ✓    |
| 30       | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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583  
 11-21-01  
 8/16